



# TRANSMITTAL FORM

to be used for all correspondence after initial filing)  
Total Number of Pages in this Submission **5**

Application Number: **09/491,121**  
Filing Date: **1-24-2000**  
First Named Inventor: **Kovacevic, et al.**  
Group Art Unit: **2734**  
Examiner: **Unknown**  
Attorney Docket No.: **0100.0000010**

#2

ENCLOSURES (check all that apply)

- ☐ Fee Transmittal Form
  - ☐ Fee Attached
- ☐ Amendment/Response
- ☐ After Final
- ☐ Affidavits/Declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application

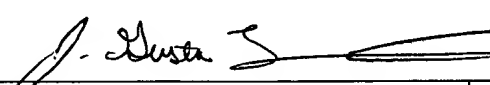
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53
- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition
- ☐ To Convert a Provisional Application
- ☐ Power of Attorney, Revocation, Change of Correspondence Address
- ☐ Terminal Disclaimer

- ☐ Small Entity Statement
- ☐ Request for Refund
- ☐ After Allowance
- ☐ Communication to Group
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Request for Corrected Filing Receipt
- ☐ Additional Enclosure(s) (please identify below):

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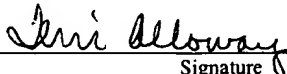
Remarks:

Firm Name	<b>Markison &amp; Reckamp, P.C.</b> <b>115 Wild Basin Road, Suite 107</b> <b>Austin, Texas 78746</b>	
Signature of Applicant, Attorney, or Agent		
Name and Registration No.:	<b>J. Gustav Larson, Reg. No. 39,263</b>	Date: <b>5-2-2000</b>

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on 5-2-2000

Terri Alloway  
Typed or Printed Name

  
Signature



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Kovacevic, et al.

Title: METHOD AND SYSTEM FOR HANDLING DATA

App. No.: 09/491,121

Filed: 01-24-2000

Examiner: Unknown

Group Art Unit: 2734

Atty. Dkt. No. 0100.0000010

Application Processing Division  
Customer Correction Branch  
Assistant Secretary in Connection with  
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**REQUEST FOR CORRECTED FILING RECEIPT**

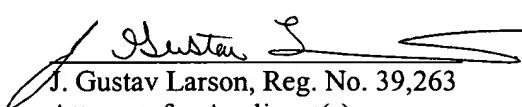
Dear Sir:

Please make the indicated corrections as shown on the enclosed Filing Receipt. A newly executed Declaration is also attached with Inventor Kovacevic's name spelled correctly. Please contact me at the below-listed telephone number if you have any questions or need additional information.

Respectfully submitted,

5-1-00

Date

  
J. Gustav Larson, Reg. No. 39,263  
Attorney for Applicant(s)  
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## FILING RECEIPT



\*OC000000005025542\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	CLAIMS	IND CLAIMS
09/491,121	01/24/2000	2734	1272	0100.0000010	38	103	103

Markison & Reckamp P.C.  
P.O. Box 06229  
Chicago, IL 60606-0229

Date Mailed: 04/03/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

KOVACEVIC  
Branko Kovacevic, Willowdale, CANADA;  
Kevork Kechichian, Unionville, CANADA;

Doc  
H12  
VS

## Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 04/03/2000

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## Title

Method and system for handling data

## Preliminary Class

375

Data entry by : WARREN, EFREM

Team : OIPE

Date: 04/03/2000



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Bib Data Sheet

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Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/491,121	<b>FILING DATE</b> 01/24/2000 <b>RULE</b> -	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2734	<b>ATTORNEY DOCKET NO.</b> 0100.0000010 <b>RECEIVED</b> MAIL ROOM JAN 30 2000
<b>APPLICANTS</b> Branko Kovacevic, Willowdale, CANADA; Kevork Kechichian, Unionville, CANADA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/03/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 38	<b>TOTAL CLAIMS</b> 35
Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Markison & Reckamp P.C. P.O. Box 06229 Wacker Drive Chicago ,IL 60606-0229				
<b>TITLE</b> Method and system for handling data				
<b>FILING FEE RECEIVED</b> 1272	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	